Health Risk Assessments

What You Need to Know

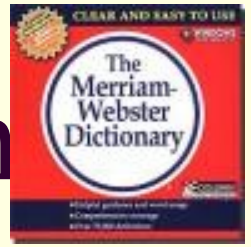
23 March 2006

Learning Objectives

Following the presentation, you will

1. Understand the definition of HRAs
2. Be able to state the appropriate uses of HRAs
3. Distinguish between different types of HRAs
4. Be able to apply HRAs to your specific requirements

Objective #1: Definition



The assessment of the severity or likelihood of an adverse health outcome due to an exposure to environmental, biological, or social conditions

Objective #2: HRA Uses

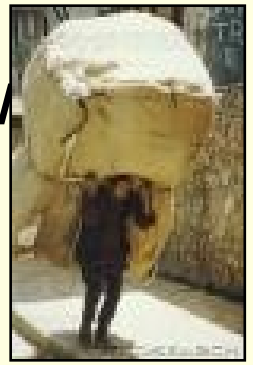
- Lifestyle self-management
- Disease identification & management
- Program planning, implementation, & evaluation
- Policy development
- Research

Objective #3: Types of HRAs

- Lifestyle assessment
- Age-based (e.g., child, adolescent, young adult, older adult, senior health)
- Gender-based (breast health, reproductive health)
- Clinical problem-identification (CVD, cancers, diabetes, asthma, arthritis, mental health)
- Mortality-based, e.g., 10-year risk
- Environmental (chemicals, biologicals, insects)

Objective #4: Application

1. Have you clearly and specifically defined the target population?
2. What information is currently lacking and needed?
3. Is an HRA the appropriate strategy for collecting information?
4. What staff, IT resources, and time w be required to support the HRA?
5. Who will be accountable?



Example A: Fleet and Marine Corps HRA (http://www-nehc.med.navy.mil/hp/hra/index.htm)

- Target population: young, relatively healthy Sailors and Marines
- Information lacking: degree to which they engage in risk behaviors
- Appropriateness: confidential, behaviorally-oriented, brief, accessible
- Support: web or PC (*Access©)*-based, personalized reports
- Accountibility: primarily with individual

Example B: Health Assessment Review Tool (HEAR/HART) (crc@pkc.com)

- Target population: Navy health care beneficiaries at all adult ages and levels of health status
- Information lacking: identification of individuals at high risk for medical problems
- Appropriateness: privileged information; health care setting
- Support: web or PC-based, personalized reports
- Accountibility: primarily with health care clinician

Example C: Women's CVD HRA

- http://health.ucsd.edu/NR/rdonlyres/3CB3C797-95B4-4401-99E0-2BD1D057B1B6/137/SelfRiskAssessment.pdf
- Target population: women age 45+
- Information lacking: risk for premature CVD
- Appropriateness: privileged information; health care setting
- Support: paper-based, personalized feedback
- Accountibility: clinician or health educator

Example D: Wellsource

- Target population: employees
- Information lacking: high utilizers
- Appropriateness: privileged information; health care setting
- Support: web-based, personalized report
- Accountibility: health care provider

Do’s and Don'ts

- Do use them to make your work more efficient and effective
- Do select the right tool for the right job
- Do realize the advantages and limitations of self-reported data
- Don’t assume an HRA = clinical evaluation
- Don’t neglect ethical considerations

Summary

HRAs can be useful and cost-effective tools for improving health at the primary, secondary, and tertiary stages of health if utilized appropriately. If used inappropriately, they can be not only a waste of resources, but also lead to unanticipated or unintended consequences.